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APPLICANTS

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** CONTINUING DATA *****

None A.R.

** FOREIGN APPLICATIONS *****

None A.R.

IF REQUIRED, FOREIGN FILING LICENSE
 GRANTED

** SMALL ENTITY **

** 02/13/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
conditions met Allowance	CA	17	17	2
Verified and Acknowledged <u>Amor Brown R.R.</u>	Examiner's Signature	Initials		

ADDRESS

28802
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TITLE

Ablation instrument having a flexible distal portion

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
RECEIVED	No. _____ for following:	<input type="checkbox"/> 1.16 Fees (Filing)

435

<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
<input type="checkbox"/> 1.18 Fees (Issue)
<input type="checkbox"/> Other _____
<input type="checkbox"/> Credit